PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P94000089955 **DOCUMENT#**

1. Corporation Name

BIG D MANAGEMENT CO., INC.

2. New Principal Office Address, If Applicable

Mailing Address

621 TREASURE BOAT WAY SARASOTA FL 34242

Suite, Apt. #, etc. City & State

Principal Place of Business

621 TREASURE BOAT WAY SARASOTA FL 34242

Suite, Apt. #, etc.

City & State

3. New Mailing Office Address, If Applicable

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED

99 DEC 1.6. PM 4: 11

SECRETARY OF STATE TALLAHASSEE, FLORID.

Not Applicable

REINSTATEME	NT <u>99</u>
Date Incorporated or Qualified To Do Business in Florida	12/13/1994
5. FEI Number 65-0541722	Applied For

Zip	Country	Zip	Country	6. CERTIFICATI	E OF STATUS DESIRED .
7. Names a	and Street Addresses of Each Officer	and/or Director (Flor	ida nonprofit corporations must list a	at least 3 directors)	
Title(s)	Name of Officers and/or Directors		Street Address of I Officer and/or Dire		City / State / Zip

Р	CHRISTIAN, RICHARD J	621 TREASURE BOAT WAY	SARASOTA FL
			•
		60	00003083236 -12/29/3901077019

****750.00° ****750.00°



8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

CHRISTIAN, RICHARD J **621 TREASURE BOAT WAY** SARASOTA FL 34242

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

State | Zip Code

stered ment of the above named composition, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the re-

Signature of Registered Agent

REGIS ERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

City

J. CHRISTIAN